

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEW PAC

ADDRESS (number and street)

P.O. BOX 7480



Check if different  
than previously  
reported. (ACC)

VISALIA

CA

93290

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00398750

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)
(b) Monthly  
Report  
Due On:
☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

CA

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Nunes, Toni, Dian, ,

Type or Print Name of Treasurer

Signature of Treasurer

Nunes, Toni, Dian, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

### FEC FORM 3X

Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEW PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">233702.81</td></tr></table>	233702.81				
Y	Y	Y	Y	Y													
2016																	
233702.81																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">254846.20</td></tr></table>	254846.20															
254846.20																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">8027.45</td></tr></table>	8027.45					<table><tr><td colspan="5">352621.43</td></tr></table>	352621.43									
8027.45																	
352621.43																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">262873.65</td></tr></table>	262873.65					<table><tr><td colspan="5">586324.24</td></tr></table>	586324.24									
262873.65																	
586324.24																	
<hr/>																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">24520.49</td></tr></table>	24520.49					<table><tr><td colspan="5">347971.08</td></tr></table>	347971.08									
24520.49																	
347971.08																	
<hr/>																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">238353.16</td></tr></table>	238353.16					<table><tr><td colspan="5">238353.16</td></tr></table>	238353.16									
238353.16																	
238353.16																	
<hr/>																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
<hr/>																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**NEW PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

43200.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

43200.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2000.00

296064.21

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2000.00

339264.21

## 12. Transfers From Affiliated/Other

Party Committees.....

6027.45

11057.22

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

300.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

2000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

8027.45

352621.43

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

8027.45

352621.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6520.49	194471.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6520.49	194471.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	133500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	20000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24520.49	347971.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24520.49	347971.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2000.00	339264.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2000.00	339264.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	6520.49	194471.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	300.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	6520.49	194171.08

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. JPMORGAN CHASE & CO. PAC**

Mailing Address 10 S. Dearborn St

IL 1-0520

City

Chicago

State

IL

Zip Code

60603

FEC ID number of contributing  
federal political committee.

C

C00128512

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

Transaction ID : SA11C.10061

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NEW PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOLD THE MAJORITY**

Mailing Address PO BOX 97275

City  
RALEIGHState  
NCZip Code  
27624FEC ID number of contributing  
federal political committee.

C C00625475

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3184.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

Transaction ID : SA12.10051

Amount of Each Receipt this Period

1500.00

☐ Memo Item

TRANSFER FROM JVC - DATED: 9/30/16 REC'VD: 10/13/16

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLD THE MAJORITY**

Mailing Address PO BOX 97275

City  
RALEIGHState  
NCZip Code  
27624FEC ID number of contributing  
federal political committee.

C C00625475

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7712.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : SA12.10062

Amount of Each Receipt this Period

4527.45

☐ Memo Item

TRANSFER FROM JVC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BIBLE, GEOFFREY, , ,**

Mailing Address 200 PARK AVE, SUITE 2006

City  
NEW YORKState  
NYZip Code  
10166FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : SA12.10062.0

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONTRIBUTION TO JFC

SUBTOTAL of Receipts This Page (optional).....▶

6027.45

TOTAL This Period (last page this line number only).....▶

6027.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
TRAVEL: AIR FARE EXP

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

Transaction ID : SB21B.10027

Amount of Each Disbursement this Period

1646.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 900 GRAND PLAZA DR

City  
HOUSTONState  
TXZip Code  
77067Purpose of Disbursement  
TRAVEL: AIRFARE COSTS

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

Transaction ID : SB21B.10027

Amount of Each Disbursement this Period

1646.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
TRAVEL EXP: CAR RENTAL

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

Transaction ID : SB21B.10025

Amount of Each Disbursement this Period

258.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1905.16

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. AVIS RENT A CAR SYSTEM, INC.**

Mailing Address 6 SYLVAN WAY

City  
PARSIPPANYState  
NJZip Code  
07054Purpose of Disbursement  
TRAVEL EXP: CAR RENTAL

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				06				2016					

FEC Identification Number

C

Transaction ID : SB21B.10029

Amount of Each Disbursement this Period

258.76

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
TRAVEL EXP: CAB SERVICE

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				06				2016					

FEC Identification Number

C

Transaction ID : SB21B.10031

Amount of Each Disbursement this Period

87.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER, INC**

Mailing Address 405 HOWARD STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
TRAVEL EXP: CAB SERVICE

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				06				2016					

FEC Identification Number

C

Transaction ID : SB21B.10031

Amount of Each Disbursement this Period

87.23

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

87.23

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
TRAVEL: MOTEL

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

**Transaction ID : SB21B.10033**

Amount of Each Disbursement this Period

1058.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN**Mailing Address INTERCONTINENTAL HOTELS GROUP  
3 RAVINIA DRIVE, SUITE 100City  
ATLANTAState  
GAZip Code  
30346Purpose of Disbursement  
TRAVEL: MOTEL

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

**Transaction ID : SB21B.10033**

Amount of Each Disbursement this Period

856.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. WESTIN HOTEL**Mailing Address MARRIOTT INTERNATIONAL INC  
10400 FERNWOOD ROADCity  
BETHESDAState  
MDZip Code  
20817Purpose of Disbursement  
TRAVEL: HOTEL

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

FEC Identification Number

C

**Transaction ID : SB21B.10033**

Amount of Each Disbursement this Period

202.13

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1058.63

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
TRAVEL: MEALS (UNDER REPORT LIMIT)

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2016

FEC Identification Number

C 

Transaction ID : SB21B.10039

Amount of Each Disbursement this Period

340.11
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
PAC FUNDRAISING EXP; CATERING/FOOD/BEV/ROOM USAGE

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2016

FEC Identification Number

C 

Transaction ID : SB21B.10040

Amount of Each Disbursement this Period

3079.36
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE., NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
PAC FUNDRAISING EXP; CATERING/FOOD/BEV/ROOM USAGE

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2016

FEC Identification Number

C 

Transaction ID : SB21B.1004c

Amount of Each Disbursement this Period

1112.10
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☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3419.47
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. SE GROUP SALES (SMITHSONIAN ENTERPRISES)**

Mailing Address P.O. BOX 418332

City  
BOSTONState  
MAZip Code  
02241Purpose of Disbursement  
PAC FUNDRAISING: CATERING/FOOD

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10040

Amount of Each Disbursement this Period

467.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BELGA CAFE**

Mailing Address 514 8TH STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAC FUNDRAISING EXP; CATERING/FOOD/BEV

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10040

Amount of Each Disbursement this Period

143.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. HAWK N DOVE**

Mailing Address 329 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
PAC FUNDRAISING: CATERING/BEV

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10040

Amount of Each Disbursement this Period

193.07

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. BROTHER SEBASTIAN'S STEAK**

Mailing Address 1350 S 119TH STREET

City  
OMAHAState  
NEZip Code  
68144Purpose of Disbursement  
PAC FUNDRAISING: CATERING/FOOD/BEV/ROOM USAGE

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10040

Amount of Each Disbursement this Period

1046.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CARDMEMBER SERVICES - CREDIT CARD**

Mailing Address P.O. BOX 94014

City  
PALANTINEState  
ILZip Code  
60094Purpose of Disbursement  
OFFICE EXP: COMMUNICATIONS

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10049

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T BILLING**

Mailing Address P.O. BOX 5014

City  
CAROL STREAMState  
ILZip Code  
60197Purpose of Disbursement  
OFFICE EXP: COMMUNICATIONS

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.10045

Amount of Each Disbursement this Period

50.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

50.00

**TOTAL** This Period (last page this line number only)..... ►

6520.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. COFFMAN FOR CONGRESS**

Mailing Address 4950 S YOSEMITE STREET F2 #511

City  
GREENWOOD VILLAGEState  
COZip Code  
80111Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**COFFMAN, MIKE, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

FEC Identification Number

**C** C00497180**Transaction ID : SB23.10055**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JUSTIN FAREED FOR CONGRESS**

Mailing Address PO BOX 5068

City  
SANTA BARBARAState  
CAZip Code  
93105Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**FAREED, JUSTIN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

FEC Identification Number

**C** C00572560**Transaction ID : SB23.10054**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LOBIONDO FOR CONGRESS**

Mailing Address P. O. BOX 550

City  
VINELANDState  
NJZip Code  
08362Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**LOBIONDO, FRANK A., , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

FEC Identification Number

**C** C00269340**Transaction ID : SB23.10056**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW PAC**

Full Name (Last, First, Middle Initial)

**A. MARTINS FOR CONGRESS**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**MARTINS, JACK, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

FEC Identification Number

**C** C00603001**Transaction ID : SB23.10053**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHERIFF SCOTT JONES FOR CONGRESS**Mailing Address 2150 RIVER PLAZA DR.  
STE 150City  
SACRAMENTOState  
CAZip Code  
95833Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Category/  
Type

Candidate Name

**JONES, SCOTT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

FEC Identification Number

**C** C00592113**Transaction ID : SB23.10052**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

**TOTAL** This Period (last page this line number only).....▶

18000.00